

Mid-Ohio Psychological Services

NAME: _____ **TODAY'S DATE:**

CURRENT JOB:

NAME OF EMPLOYER:

DATE OF BIRTH: _____ **AGE:**

CURRENT LEGAL STATUS:

BIOGRAPHICAL / ANGER SURVEY

The following survey consists of two sections. The first is concerned with general background information (biographical). The remaining section is concerned primarily with your Anger/Aggression problems.

The information obtained in the Anger History is **CONFIDENTIAL**. The Anger History will help the professional treatment staff in planning and evaluating avenues of treatment applicable to your situation.

The questions/statements contained in the Anger/Aggression Problems answered only on the basis of how you yourself feel --- there are no right or wrong answers.

_ office use only
Accepted (Y/N) _____ Date:

All Releases Signed (Y/N) _____ Group Contract Signed: (Y/N)

Staffing Dates: 1. _____ 2. _____
3. _____ 4. _____

Treatment Recommendations:

BIOGRAPHICAL INFORMATION

- 1) Marital status: A) single ___ B) Divorced
 C) Married: (name of spouse)
 E) Informal relationship (name of person)
 F) Common Law Married (name of spouse)
- 2) Children: (Y/N) ___ please list children's names in chronological order, youngest to oldest.
 1. _____ 2. _____ 3. _____ 4. _____
 5. _____ 6. _____
- 3) Religious Affiliation: A) Roman Catholic ___ B) Protestant ie. (Baptist-Methodist-etc.)
 C) Jewish ___ D) Moslem ___ E) Other _____ F) None/Other
- 4) Ethnicity: A) Caucasian ___ B) African-American ___ C) Hispanic ___ D) Native American
 E) Oriental ___ F) Other
- 5) Number of years of education completed: _____ High School Diploma (Y/N) ___ GED (Y/N)
 Masters (Y/N) ___ Ph.D. (Y/N) ___ Other:
 Were you ever in L.D. / Special Ed. / S.B.H. classes (Y/N) ___ Grades failed/held back:
- 6) Military Service: (Y/N) What Branch _____ Number of years _____ Duty Stations:
 Discharge: Honorable (Y/N) ___ General (Y/N) ___ Dishonorable(Y/N) ___ Reasons.
- 7) Employment status: A) Employed (Y/N) ___ B) Unemployed (Y/N) ___ C) Disabled (Y/N)
 How many different jobs. _____ Longest period of employment. _____ Doing what.
- 8) Any current physical problems (illness)
 Past physical history (surgeries/illnesses/hospitalizations)
- 9) Have you ever been in counseling before. (Y/N) _____ If yes, why
 Ever received psychiatric treatment.(Y/N) ___ If yes, why
 Inpatient Hospitalization.(Y/N) ___ Outpatient.(Y/N) ___ Please list any medications you have received
 What dates were you on these medications.
 Have you ever attempted suicide?(Y/N) ___ If yes, when, and how often?
 Are you currently experiencing any suicidal thoughts?(Y/N)
- 10) Family history of medical problems

- 11) Family history of mental illness (nervous breakdowns - suicide - psychiatric hospitalizations)
- 12) Any family members been in jail Yes/No? If yes, who?

Anger / Aggression Problems

- 1) Do you consider yourself to have an anger or aggression problem?(Y/N)
- Maybe (explain)
- 2) Indicate what you feel best describes your anger / aggression.
 A) Quick Temper___ B) Constant irritable mood___ C) Constant ready to fight
 D) Many fights - physical contact___ E) Other (explain)
- 3) How often did you display your temper, or get into fights.
 A) Everyday___ B) Weekends only___ C) Weekdays only___ D) Less than once a week
 E) Less than once a month___ F) Several days at a time, then tapering off for a while
 G) Several weeks at a time, then tapering off for a while___ H) Never
- 4) Did your parents (or step-parent) fight verbally or physically when you were growing up. (Y/N)
 If yes, how often_____ What would they fight about
- 5) Are your parents currently married (Y/N)_____ Divorced (Y/N)_____ If divorced, how old were you
 when they divorced._____ Who did you end up living with._____ How often did you move / change
 schools in your growing up years._____ Did your mom work when you were growing up.(Y/N)
 What was your Dad's occupation. _____ How many hours per week did he work.
- 6) Did your parents(or step-parent) abuse alcohol or drugs.(Y/N)_____ If yes, which parent
 How often would they drink/use._____ Did you use alcohol / drugs.(Y/N)
- 7) How long have you used drugs / alcohol?
- 8) Who first introduced you to getting high/drunk? Brother/Sister__ Friend__ Parent__ Other
- 9) How old were you when you first used drugs / alcohol?
- 10) Please indicate with whom you would get high with most often. A) Alone___ B) Spouse/girlfriend
 D) School friends___ E) Family members___ F) With casual acquaintances
 Which of the above were your most favorite?
- 11) Please indicate the situation/setting where you would use drugs/alcohol. A) Home___ B) Bars
 C) Parties___ D) School___ E) Work___ F) Private clubs___ G) Restaurants___ H) Cruising in
 cars___ I) Other (explain)
- 12) Would your attendance to Anger Management group be related (directly/indirectly) to your use of
 drugs and/or alcohol.(Y/N)_____ How?
- 13) Would your attendance to Anger Management group be related your anger or aggressive acting
 out? (Y/N)
 How?

14) Were you ever suspended (kicked-out) of school for fighting or verbally disrespecting students or teachers or staff members?(Y/N)___ How many times?___ With fellow students?__ Teachers?

15) Did you ever drink or take drugs because you were mad/angry, and you wanted to change your mood. (Y/N)

16) Please indicate from the following list all the drugs/chemicals that you have used (or experimented with) by drawing a circle around the specific drug. On the line next it, please indicate which ones you used the most often (favorite drug of choice) by rating them on a scale of 1 to 10, 10 being the most favorite/most used.

___ Narcotics/Opium, Heroin/Codeine / Methadone/Demerol/Percodan / Morphine, etc

___ Depressants/Barbiturates/Downers/Tranquilizers/Quaalude Librium/Valium/Reds/Blues/ Dalmane Xanax, etc

___ Stimulants/Amphetamines/Speed/Uppers/Deredrin/Preludin/Ritalin/ Crystal meth./ Ice/ Cocaine/ Benzedrine, etc.

___ Marijuana

___ Alcohol

___ Hallucinogens/Psychedelics/LSD/Mescaline/Mushrooms/PCP, ect.

___ Inhalants/Glue/Gasoline/White out/Plastic cements/Lacquers/ Paint remover/Cleaning fluids/liquid rush/nitrous oxide, etc.

___ Over the counter drug store items, ie. cough syrup/vanilla or other extracts, sterno, syrups with codeine, etc.

___ Other (please specify)

17) Do you have a juvenile arrest history?(Y/N)___ What were you arrested for?

Have you ever been arrested as a juvenile for: A) Unruly___ B) Assault___ C) Disorderly conduct
D) Rape/GSI___ E) Domestic Violence___ F) Runaway___ G) Resisting arrest
H) Drug Trafficking/abuse___ J) any kind of Theft

18) Were you ever in any juvenile institution (DH or other)(Y/N)___ How many different times.
Which ones (name of each institution)

Have you ever been in a group home?(Y/N)___ Why?

How many different group homes?___ For how long?

19) Were you ever in a street gang (or any kind of gang)(Y/N)___ How many members.
Where were you living at the time.

20) Have you ever been involved in any cult activities?(Y/N)___ Have you ever experimented with magic (white/gray/black), cast spells, practiced rituals?(Y/N)___ Were you a member of a clan?(Y/N)___ If yes, how many members were there?___ How long was your involvement?

Still involved?(Y/N)____ Play Dungeons and Dragons.(Y/N)____ How much time a week would you play?____ Did anyone ever get hurt (physically or emotionally)?(Y/N)

21) Have you ever been arrested as an adult?(Y/N) Please list all arrests and dates of arrests.

Have you spent time in jail?(Y/N) ____ How long?____ Received probation?(Y/N)____ How much time served on probation?____ Had to pay fines?(Y/N)____ How much paid in fines?

FAMILY

1) Did your parents fight physically that you saw?(Y/N)____ If yes, what was your reaction to that? _____ What were some of the reasons they would fight?

2) If you did something wrong as a child, how were you punished?
Which parent would most often punish you?____ How often would you get punished?
Did you receive more punishment than others in the family? (Y/N)____ If they hit you physically, what would they hit you with?

3) Where you punished by people other than your parents?(Y/N)____ Who?____ What did they do?____ For how long?

4) Were you sexually abused as a child?(Y/N)____ If yes, by whom (no last names)
Over what period of time?____ How old were you the first time?

If you were not sexually abused as a child, how old were you when you had sexual intercourse for the first time? ____ Was your sexual partner older or younger or the same age? ____ How many years age difference, if any? ____ Approximately how many different sexual partners have you experienced?

How many different relationships have you been in?

Were any of them abusive in any way?(Y/N)____ If yes, how were they abusive?

5) Do you have brothers or sisters?(Y/N)____ Please list, from the oldest to the youngest and include yourself. Also, please include their ages.

1. _____ 2. _____ 3. _____ 4.

5. _____ 6. _____ 7. _____ 8.

6) To your knowledge, were any of your brothers or sisters ever abused physically, or sexually, or emotionally?(Y/N)____ In what way, and by whom?

7) Did you and your brothers and sisters fight physically?(Y/N)____ Who would win?____ How often would you fight?

8) Have you ever hit a member of the opposite sex?(Y/N)____ What were the circumstances?

9) Have you ever hit a child?(Y/N)____ Have you ever been reported to Children Services due to incorrect child raising practices?(Y/N)___ What were the circumstances?

10) Do you now, or as a child did you watch much violent T.V. or movies?(Y/N)____ How often? Have you ever seen "snuff pornography?(Y/N)___ ritualistic, satanic abuse films?(Y/N)

11) Do you watch pornographic video/film/magazines?(Y/N)____ How often? (times per week)

12) Has your anger resulted in a loss of friends?(Y/N)____ A loss of a job?(Y/N)____ Separation from family?(Y/N)

Are there any other ways that your anger or aggression has resulted in problems for you?

13) Do you feel that your life is difficult to manage and you are not sure how to straighten it out?(Y/N)

14) What would you like to get out of your participation in this group?

Thank you for applying for this group.